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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Appl. No.:** 10/613,156      **Confirmation No.:** 9196

**Applicant:** Kimio Takahashi

**Filed:** July 3, 2003

**TC/A.U.:** 1773

**Examiner:** Holly C. Rickman

**Docket No.:** 075834.00410

**Customer No.:** 33448

**AMENDMENT A**

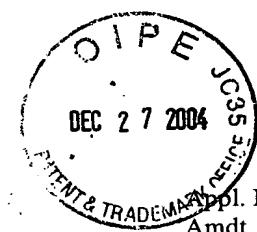
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

SIR:

In response to the Office Action of September 22, 2004, please amend the above-identified application as follows:

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks/Arguments** begin on page 4 of this paper.

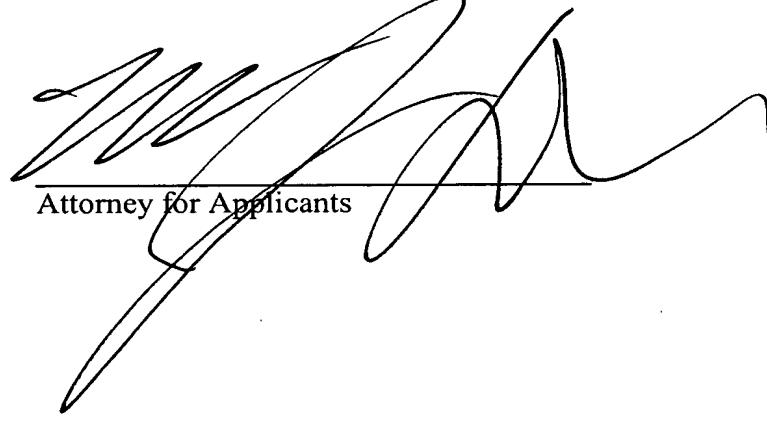


Patent & Trademark Office No. 10/613,156  
Amtd. Dated December 22, 2004  
Reply to Office Action of September 22, 2004

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PTO/SB/21 (09-04)

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## TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/613,156
Filing Date	July 3, 2003
First Named Inventor	Kimio Takahashi
Art Unit	1773
Examiner Name	Holly C. Rickman
Attorney Docket Number	075834.00410

Total Number of Pages in This Submission

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Remarks <p>The Commissioner is hereby authorized to charge any fees due or credit any overpayment to Deposit account No. 50-1794</p> <p>CUSTOMER NO. 33448</p>		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Robert J. Depke, Holland & Knight LLP, 131 S. Dearborn St., 30th Fl, Chicago, Illinois 60603		
Signature			
Printed name	Robert J. Depke Esq.		
Date	12/22/04	Reg. No.	37,607

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